

# Hospital Preparation Checklist

## Hospital Preparation for Laboring Woman Management

- ☐ After notification by client's obstetric provider, the hospital contact meets with representatives from units anticipating involvement in care of client and newborn (such as nursing, pediatrics, pharmacy, laboratory and emergency room) to coordinate client's care needs.
- ☐ Locate hospital policies and procedures for care of HIV+ pregnant client and newborn. Revise or develop as needed.
- ☐ Provide in-service education to potential care providers (perinatal/neonatal nursing staff, pharmacy, laboratory and emergency room staff) as indicated.
- ☐ Determine that pharmacy has IV Zidovudine for intrapartum administration\*:
  - Ensure supply of at least 1 vial (20ml–10mg/1ml) for loading dose of 2mg/kg over one hour and additional vials to cover 1mg/kg/hour continuous drip during labor and delivery until cord is cut.
  - Determine the client's current other antiretrovirals and have them available, or arrange for the client to bring these medications to labor and delivery or have an emergency way of obtaining.
- ☐ Determine that pharmacy has Zidovudine for infant\*:
  - Zidovudine is supplied in 240ml bottle. 50ml of liquid Zidovudine should be a sufficient supply for the infant's hospital stay and for 2 weeks after discharge. 150ml should be an adequate supply for a prescribed Zidovudine regimen of 6 weeks.
- ☐ Determine that laboratory has capability to run HIV RNA PCR (ultrasensitive) for mother and HIV-1 TNA (total nucleic acid) or HIV RNA PCR for infant. If no capacity, contact the hospital's reference lab or contact University of Washington Retrovirus Laboratory to arrange for transport of specimen to University of Washington Medical Center: 206-341-5210 (Monday–Friday, 8:00 a.m. – 7:00 p.m.)

## In-Hospital Care of Laboring Woman and Newborn

### Intrapartum Care

- ☐ On admission, if not drawn in the past 4 weeks, draw CBC, T cell subsets, SGPT, creatinine and HIV RNA PCR (ultrasensitive.) Blood for HIV RNA PCR must be collected in EDTA or ACD tubes.
  - ☐ Follow standard prescribed regimen for drug administration during labor\*. Refer *United States Public Health Perinatal Guidelines* ([www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)) or consult *Screening and Management of Maternal HIV Infection: Implications for Mother and Infant* (<http://here.doh.wa.gov/materials/maternal-hiv-infection>).
- Avoid methergine to treat postpartum hemorrhage in women on many antiretroviral medications, as it can cause a severe hypertensive drug reaction.**

## Newborn Care

- ☐ Draw a baseline CBC with differential and ALT/AST before starting Zidovudine (may use cord blood for the CBC and ALT/AST).
- ☐ For newborns at increased risk, obtain an HIV-1 TNA or HIV RNA PCR. Draw 3cc blood (not cord blood) in an EDTA lavender-top tube. Increased risk includes: mother started treatment late or not on treatment prepartum, mother with detectable viral load at delivery, follow-up not assured.
- ☐ Follow standard prescribed regimen for drug administration to the newborn\*. Refer *United States Public Health Perinatal Guidelines* ([www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)) or consult *Screening and Management of Maternal HIV Infection: Implications for Mother and Infant* (<http://here.doh.wa.gov/materials/maternal-hiv-infection>).
- ☐ For questions regarding management of the infant, please contact Pediatric HIV Specialist through the Division of Infectious Disease at Seattle Children's Hospital: 1-866-987-2000 (paging operator) or 206-987-2073 or 206-987-7777 (physician to physician consult line)

## Postpartum/Discharge Care

- ☐ Coordinate medical care and HIV case management for mother and infant prior to discharge. Consider referral for infant to Pediatric Nurse Practitioner at Maternal Infant Care Clinic – University of Washington Medical Center: 206-598-4070, or refer to Pediatric HIV Specialist at Seattle Children's Hospital: 206-987-2073 or 206-987-7777.
- ☐ Refer to *Screening and Management of Maternal HIV Infection: Implications for Mother and Infant* for more information on postpartum care.
- ☐ Determine if mother has a public health nurse and an HIV case manager. If not, refer to the local health department public health nurse and HIV case management programs. Assist the woman in identifying needs for further support or referral by calling HIV Client Services: 1-877-376-9316 (toll-free)
- ☐ Assist client to alert local pharmacy of ongoing medication needs for HIV exposed infant and self at least 24 hours before discharge. This ensures that medications will be available when needed.

## Confidentiality

Careful attention should be taken to respect patient's confidentiality and avoid inadvertent disclosure of HIV+ status to others who may be with her (family members, friends.) This sensitivity with respect to privacy is important for all hospital staff who may interact with the patient (nurses, obstetric and pediatric staff, pharmacy, lab, etc.). This sensitivity should also include references to medications and infant feeding practices.

\* Information about HIV medications for pregnant and postpartum women and newborns outdates quickly. For current recommendations, contact the on-call perinatologist at 1-800-326-5300 or <http://www.aidsinfo.nih.gov/>.